

JAMES E. RISCH – Governor KARL B. KURTZ – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

FILE COPY

October 19, 2006

Earl Fitzpatrick, Administrator Gooding County Memorial Hospital PO Box 418 Gooding, ID 83330

Dear Mr. Fitzpatrick:

This is to advise you of the findings of the Medicare/State Licensure fire safety survey conducted at Gooding County Memorial Hospital on October 11, 2006.

Enclosed is the Statement of Deficiencies/Plan of Correction, form CMS-2567, and a copy of the State fire safety Statement of Deficiencies/Plan of Correction form listing fire/life safety deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.

After you have answered and dated each deficiency, please sign and date each cover page in the spaces provided. Retain one (1) copy of each page and return the originals to this office by **November 1, 2006**.

Earl Fitzpatrick, Administrator October 19, 2006 Page 2 of 2

Thank you for the courtesies extended to me during my visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

Mark Grimes, Supervisor

Facility Fire/Life Safety & Construction

MG/mlw

Enclosures



Idaho Department of Health and Welfare Bureau of Facility Standards Attn: Mark Grimes, Supervisor 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 10/25/06

RECEIVED OCT 27 2006

FACILITY STANDARDS

Dear Mr. Grimes

Gooding County Memorial Hospital appreciates the courtesy extended by our surveyors Mark Grimes and Eric Mundell. They were very helpful in their explanations and recommendations.

Attached you will find the deficiency report, with our action plan notations and dates. As you will see, many of the items have already been completed.

We have also completed many of the recommendations suggested and completed actions to improve hospital safety based on these recommendations. We thank you for your assistance.

Please feel free to call with any questions or clarification.

Earl-Fitzpatrick

Chief Executive Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/17/2006 FORM APPROVED OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 - ENTIRE BUILDING B. WING 131302 10/11/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **GOODING COUNTY MEMORIAL HOSPITAL** 1120 MONTANA ST GOODING, ID 83330 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 Response to BB592: (continued from prior) The hospital is a single story structure built in 1962 and is of non-combustible construction. Further, upon recommendation, the Exterior walls are brick veneer; roof is built-up. hospital has completed routing and 10/20/06 The facility consists of in-patient services for connectivity of sprinkler systems to the fourteen (14) beds, a wing converted to a clinic, LOx storage room as of 10/20/06. an attached physical therapy suite, and ancillary services. The hospital added a CT suite in 2000 Mechanical ventilation (non-spark) to the and enclosed the exterior breezeway into an room is also scheduled to be complete access corridor to the new CT suite. 10/31/06 prior to 10/31/06 The following deficiencies were cited during the fire/life safety survey: The surveyors conducting the survey were: Mark Grimes, Supervisor Facility Fire/Life Safety and Construction Program Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program RECEIVED OCT 27 2006 K 011 NFPA 101 LIFE SAFETY CODE STANDARD K 011 If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance FACILITY STANDARDS rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This Standard is not met as evidenced by: Continued on next page LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 131302			MBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G 02 - ENTIRE BUILDING	(X3) DATE SURVEY COMPLETED				
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K 011				K 011	TAG CROSS-REFERENCED TO THE APPROPRIATE		10/13/06 10/16/06 12/11/06 10/19/06			
K 029	One hour fire rated fire-rated doors) or extinguishing system and/or 19.3.5.4 prothe approved autor	AFETY CODE STAN I construction (with % an approved automome in accordance wito stects hazardous are matic fire extinguishing areas are separated	4 hour atic fire h 8.4.1 as. When	K 029	and/or calked to ensure contains appropriate separation. A policy has been completed (to approved by the Board Nov 7 th) all departments to receive appropriant Operations prior to any recorpining throughout the facility policy, plant operations will ensintegrity of firewalls as part of treview.	be requiring val from novations . In this ure the	10/23/06			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING 02 - ENTIRE BUILDING B. WING 131302 10/11/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1120 MONTANA ST **GOODING COUNTY MEMORIAL HOSPITAL** GOODING, ID 83330 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 054 Continued From page 4 K 054 Response to K039: Hallway obstructions as noted under this section have been removed from the This Standard is not met as evidenced by: hallway. A separate room in the hospital Based on observation, the facility had not was identified as containing enough space ensured smoke detectors were placed to provide to hold those machines and still allow indication and warning in corridor areas and access to visitors and employees. Hallway sleeping areas. The findings include: has been cleaned and now meets the required evacuation need with a full 8ft Observation on October 11, 2006 at 11:33 a.m., 10/19/06 corridor width. disclosed that system smoke detectors had not Hospital policy notes that all hallway been installed in open areas adjacent to two (2) features must be approved by the hospital of five (5) corridors. internal planning committee, and said committee will ensure future violations System detectors were not installed in the waiting will not occur. area/office spaces adjacent to the Clinic rooms and in the central supply/clean utility linen area. These areas (office, waiting room, utility) were Response to K054: open to the corridors and corridor protection by system smoke detection was not provided to In regards to Sleep Clinic rooms: indicate abnormal conditions and warning of Single station smoke detectors have been smoke/fire in those areas. purchased and installed in each of the 10/16/06 specialty clinic / sleep clinic rooms. Single station smoke detectors were not installed in patient sleeping rooms designated as the In regards to smoke detection devices: "sleep clinic". Peak Alarm Company completed replacement of heat detectors with smoke detectors in all identified areas including Office, Waiting room, central supply, and any areas open to corridors as well as confirming the corridors themselves. All have been appropriately tied to the system 10/20/06 and are working appropriately.

FORM APPROVED **Bureau of Facility Standards** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATÉ SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING 02 - ENTIRE BUILDING B. WING 131302 10/11/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1120 MONTANA ST GOODING COUNTY MEMORIAL HOSPITAL GOODING, ID 83330 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) B 000 | Initial Comments B 000 The following state deficiencies were cited at the facility during the State Licensure fire/life safety survey: The surveyors conducting the survey were: Mark Grimes, Supervisor Facility Fire/Life Safety and Construction Program Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program BB161 16.03.14.510 Fire and Life Safety Standards BB161 Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. RECEIVED General Requirements. General requirements for the fire and life safety standards for a hospital are that: OCT 2 7 2006 The hospital shall be structurally sound and shall be FACILITY STANDARDS maintained and equipped to assure the safety of Response to BB161: patients, employees, and the public. On the premises of all hospitals where natural or Please refer to responses to man-made hazards are present, suitable fences, individual CMS deficiencies as guards, and railings shall be provided to protect patients, employees, and the public. noted on the attached form and This Rule is not met as evidenced by: deficiencies K011, K029, K039 Refer to federal CMS deficiencies, K011, K029, & K054 K039 and K054 cited on the CMS 2587 survey form. BB592 16.03.14.600.03 Plans, Specifications, and BB592 Inspections

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

03. Plans, Specifications, and Inspections. Plans,

TITLE

(X6) DATE

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Bureau of Facility Standards					TORREST ROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 131302		(X2) MULTIPLE A BUILDING B WING	CONSTRUCTION 02 - ENTIRE BUILDING	(X3) DATE SURVEY COMPLETED
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BB592 Continued From Pag	ze l		BB592		
construction or any	nspections of any new addition, conversion, o isting structure shall be 0-14-88)	ľ			
and or remodels sha under the supervisic licensed in the state waived by the Depa	estruction, additions, co il be prepared by or ex on of an architect or eng of Idaho. This requirer runent in connection w the alterations comply ments. (10-14-88)	ecuted gineer nent can be ith minor			
b. Prior to commencing work pertaining to construction of a new building, any addition or structural changes to existing facilities, or conversion of existing buildings to be used as a hospital, plans and specifications shall be submitted to, and approved by, the Department, (10-14-88)					
	shall be submitted and following: (10-14-88)	l shail			
1. The assignment of all spaces, size of areas and rooms, and indicate in out line the fixed equipment; and (10-11-88)					
	thoor including, but ne proach or site plan, ror s, and (10-14-88)				
in The total floor a (10-14-88)	real and mumber of beds	s, and			
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FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING 02 - ENTIRE BUILDING B. WING 131302 10/11/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER GOODING COUNTY MEMORIAL HOSPITAL 1120 MONTANA ST GOODING, ID 83330 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) BB592 Continued From Page 2 BB592 to clearly present the proposed design, but notless than a scale of one-eighth (1/8) inch to one (1) foot. (10-14-88)d. Before commencement of construction, working drawings shall be developed in close cooperation and with approval of the Department and other appropriate agencies, and: (10-14-88) i. The drawings and specifications shall be well prepared and of accurate dimensions and shall include all necessary explanatory notes, schedules, and legends. They shall be stamped with the architect's or engineer's seal; and (10-14-88) ii. The drawings shall be complete and adequate for contract purposes. (10-14-88) e. Prior to occupancy, the construction shall be inspected and approved by the Department. The Department shall be notified at least two (2) weeks prior to completion in order to schedule a final inspection. (10-14-88)This Rule is not met as evidenced by: Based on observation and staff interview, it was determined the facility had not ensured the oxygen room was used in a manner as originally designated with subsequent approval by this office. The findings include: Observation on October 11, 2006, disclosed that the oxygen storage room, formerly used as a central supply to store a small number of compressed oxygen

cylinders, had been converted to a liquid oxygen piped gas system arrangement. The liquid oxygen (LOX) was piped from the room into the building.

The oxygen storage capacity had been increased to at

Continued on next page

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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

131302

(X2) MULTIPLE CONSTRUCTION

A BUILDING B WING 02 - ENTIRE BUILDING

N (X3) DATE SURVEY COMPLETED

10/11/2006

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOODING COUNTY MEMORIAL HOSPITAL

1120 MONTANA ST GOODING, ID 83330

- (X4) ID - PREFIX - TAG SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECIEDED BY FULL REGULATORY OR USE IDENTIFYING INFORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(XS) COMPLETE DATE

BB592 Continued From Page 3

BB592

least 16,000 cubic feet of liquid oxygen. Equipment had not been installed to address the increased capacity of the room to include: precautionary placards on the exterior designating use of the room and presence of oxidizing gases.

Staff interview on October 11, 2006 disclosed that the former oxygen "plant" had been removed from service and subsequent placement of LOX tanks within the former oxygen storage area was done to replace the exterior oxygen plant.

No plans had been submitted to show that the facility had proposed conversion of the oxygen storage area to a piped gas system arrangement with subsequent approval by this office.

Response to BB592:

Administration has taken appropriate steps to ensure designation of Liquid Oxygen storage room.

Temporary Signage has been printed on paper, in color, placed in clear plastic sheeting, and affixed to the door including the following designations:







10/25/06

Official weather resistant placards have also been ordered as of 10/25/06 and are to arrive within 14 days.

10/25/06

Installation of permanent placards will be complete upon delivery.

11/8/06

Administration will ensure all future changes to facility structure are appropriately submitted with plans and inspected. In addition, all future storage of chemicals or other hazard materials are appropriately designated, as required by State & Federal regulations as well as hospital policy.